

Officeholder and Candidate
Campaign Statement –
Short Form

(Government Code Section 84206)

Type or print in ink.

SHORT FORM

CALIFORNIA
FORM 470

For Official Use Only

Date Stamp

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CITY CLERK
CITY OF LODI

Date of election if applicable:
(Month, Day, Year)

☐ Amendment (Explain Below)

1. Statement Covers Calendar Year 20 08.

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE

PHIL KATZAKIAN

STREET ADDRESS

48 RIVER POINTE CIR

CITY

Lodi

STATE

CA

ZIP CODE

95240

AREA CODE/DAYTIME PHONE NUMBER

(709) 334-4766

OPTIONAL: FAX / E-MAIL ADDRESS

3. Office Sought or Held

OFFICE SOUGHT OR HELD

City council member

JURISDICTION (LOCATION)

City of Lodi

DISTRICT NUMBER
(IF APPLICABLE)

4. Committee Information

List all committees of which you have knowledge that are primarily formed to receive contributions or to make expenditures on behalf of your candidacy.

COMMITTEE NAME AND I.D. NUMBER

COMMITTEE ADDRESS

NAME OF TREASURER

5. Verification

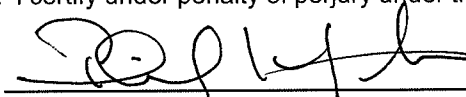
I declare under penalty of perjury that to the best of my knowledge I anticipate that I will receive less than \$1,000 and that I will spend less than \$1,000 during the calendar year and that I have used all reasonable diligence in preparing this statement. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on

2-3-09

DATE

By



SIGNATURE OF OFFICEHOLDER OR CANDIDATE